SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	If YES, enter delivery address below: No
BONNIE BIRCH JENSEN 680 E CAPITOL BLVD MAR 0	1 2007
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PB 2/22/67 S62300\$8	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 25	10 0004 1824 8477
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540

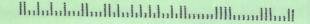
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A record of delivery kept by the Postal Service for two years

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For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

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